

Report
for the year ending March 31
1982

National Society
to Prevent Blindness



Report of the President

As I conclude my first year as president, I wish to share with you my enthusiasm for the people and programs of the National Society to Prevent Blindness and its state affiliates. This term has given me the opportunity to participate in meetings and conferences across the nation, to extend my circle of friends, and to learn the strengths of the National Society and its affiliates.

I can report with satisfaction that this year's cooperative efforts have made an important and lasting contribution toward the prevention of blindness. I have been impressed with the variety and creativity of activities in which the affiliates engage.

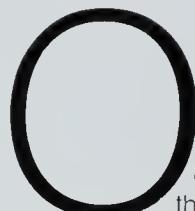
In our national executive committee meetings I have found the exchange of viewpoints enlightening and exhilarating. Our Society is enriched by its diversely talented and broadly experienced leaders.

I wish to pay a special tribute to my immediate predecessor in this office, Thomas R. Moore, Esq. During his term as president he was responsible for strengthening the corporate leadership of our board of directors and providing a consultative governance that has immeasurably bolstered our operations.

I particularly wish to take this opportunity to honor Virginia S. Boyce. I have worked with her for several decades and I can tell you that throughout the world her name is synonymous with the prevention of blindness. Because of her judgment, foresight, and

imagination, her distinctive leadership has become legendary.

In many respects our Society is unique among philanthropic health organizations. We do not limit ourselves to raising funds just for research, or community services, or public education. Rather, we cover the entire spectrum of activity from research, to education, to screenings and other preventive services in the community. Despite our small budget, the nationwide program is made possible by the wholehearted cooperation of thousands of volunteers who give their time, their talents, their efforts, and their skills to the cause.



Our Society has initiated and conducted scores of programs during the past year. In October 1981, for example, we co-sponsored a conference on glaucoma with the Japanese Glaucoma Research Society, underwritten by Merck Sharp & Dohme International, which was telecast by satellite. Our team of experts in the United States shared their views with a panel of Japanese counterparts and an audience of 2,000 professionals. Since then over 10,000 physicians in Japan and the United States have seen the program on videotape.

In an important set of policy decisions, the Society's Committee on Glaucoma recommended that the limitations of tonometry screening for glaucoma be recognized and the tests be supplemented whenever possible by additional diagnostic tests adminis-

tered by a physician. Screenings for glaucoma should be particularly directed at such high-risk groups as families of glaucoma patients, blacks, diabetics, and those with severe myopia.

For over 50 years the Society has served the nation as a primary source of statistics on the incidence of blinding eye diseases and other vision problems. This year the Society's statistical group completed important surveys on ocular injuries in schools and a study of vision standards for motor vehicle operators.

According to a school system study, more eye injuries occur in physical education classes, playgrounds and classrooms than in laboratories and shops. These new findings are most important to all responsible for eye safety.

A motor vehicle operator licensing study disclosed that 12 states do not recheck drivers' vision when licenses are renewed. The Society will work vigorously toward licensing reform.

The Society has completed a pilot study on the effectiveness of various preschool and school vision screening tests. Results of the study will provide a basis for the design of a national research project.

Prevention of eye injuries — in the workplace through the Wise Owl program, in school laboratories, on playgrounds, and in adult sports — is a principal concern of the Society. Among our newest programs is one

to protect workers and their families at home. The Society has prepared a guide outlining a 12-month education plan that is designed to prevent injuries and promote eye health. The program has been adopted by many major corporations throughout the country and reaches hundreds of thousands of employees and their families.

The basic and clinical research grants program of the Society has fostered significant contributions to the prevention of blindness. This year the Society doubled the maximum size of its grants from \$5,000 to \$10,000 per year. One of this year's innovative projects supported by the Society was the estab-

lishment of the first contact lens research laboratory to provide lenses for newborns and young children. It has recently been discovered that removing a cataract as early in life as possible, often on the day of birth, can save vision. At present, no suitable lenses are commercially available. J. Allen Gammon, M.D., of Emory University School of Medicine, has established the Contact Lens Research Laboratory to provide extended-wear lenses for infants that have this early treatment.

A Wellcome Research Fellowship to provide research training for a physician who has completed a residency in ophthalmology will be administered by the Society beginning in 1983. It will provide a stipend and expense money of \$20,000 annually. This new source of support is sponsored by the Burroughs Wellcome Fund.

To all who have assisted the Society during the past year I say thank you. The Society thanks you. I suspect, though, those who would be most grateful do not even know of your efforts — the individual whose eye is saved because of impact-resistant lenses; the individual who has normal vision in each eye because an abnormality was detected in childhood and effectively treated; the individual whose eye was not blown out because firecrackers were not available in his locality. On behalf of these individuals and myself, I applaud you, I thank you, and I look forward to serving with you another year.

Frank W. Newell, M.D.



Report of the Executive Director

When I came to the Society 45 years ago, it was already an honored veteran of successful campaigns to quell such major causes of blindness as wood alcohol poisoning, trachoma, and eye infections of the newborn. Victories had been scored also to lessen the toll from causes of blindness that are, unfortunately, not rare today — occupational hazards, fireworks, dangerous consumer products, and preschool vision problems. As medical science leaped ahead after World War II, the Society accelerated its efforts to spread the new knowledge to the public and professions.

Let us take a look at our latest effort in what the experts call "technology information transfer."

The film crew for a TV advertisement is working on its last scene. As the camera crew focuses on the final close-up, one of America's most admired actors speaks with a perfect mixture of concern and persuasion. "I'm Cliff Robertson, and if you have diabetes, I urge you to have your eyes examined regularly to prevent blindness."

This public service announcement alerting diabetics and their families to the dangers of diabetic retinopathy, the leading cause of new cases of blindness for people age 20 to 74, is being seen by millions through the generosity of television stations coast to coast. The ad is one element in a

broad program to inform the public and health care professionals that diabetics have 20 times the average risk of losing vision, and that now, with new laser technology, the means exist to save sight. This program will be described in detail elsewhere in this annual report, but presenting this brief sample serves two purposes. First, it makes a perfect opportunity to thank Cliff Robertson for generously donating his time and talent and the Delta Gamma Foundation for their financial support of this project and many others over the years. Secondly, by showing what happens in the lime-light, I can now invite you to look "back-stage" at the Society to learn about a major innovation that will increase effectiveness in years to come.

This year we completed and presented to affiliate leaders a three-year program plan. Like any plan, it is intended to improve the management of complexity. The diabetic retinopathy project is just one sample of the hundreds of public and professional information, community service and operational research projects detailed in our Program Plan for Fiscal Years 1982-85. But the plan is more than a list of projects.

Many decades of experience were drawn on to define the plan's objectives, identify the problems that must be solved to accomplish our purposes and set specific goals and standards

of measurement. From preschoolers to the elderly, every age group has its particular threats to vision covered by the plan. It is divided into three sections — Children's Eye Health (school eye health, prenatal and neonatal vision problems, and preschool vision problems), Adult Eye Health (glaucoma, cataract, diabetic retinopathy, macular degeneration, optic nerve atrophy, and refractive errors), and Eye Safety (occupational, home/lifestyle, school, and sports eye injury control).

The plan, broad in scope, presents the hurdles we face, and it precisely lists the numbers of screening tests, networks for communicating with high risk patients, training sessions, and media materials by which we will be keeping score. But more than a scorecard, it's a dynamic chart of future activity destined to be debated, periodically revised and modified as new problems and resources are identified.

To make our plans a reality, we have taken steps to introduce several innovations to strengthen our fund raising. A "how to" Planned Giving Manual has been produced to assist affiliates boost their revenue from legacies and bequests. Our direct mail program has undergone a revamping after careful analysis and screening. A campaign to tap corporate contributions by making executives more familiar with Society programs at a series

of luncheon meetings has been highly successful.

Another fund raising aid for affiliates is the Society's new Special Events Manual, outlining the mechanics, pitfalls and opportunities posed by this revenue source.

One of the Society's most vital functions is to offer affiliates a spectrum of knowledgeable professionals who can provide valuable insight on specific projects. Three experienced advisors were retained this year, one on programs, one on special events and a third to establish NSPB's first regional office, located in Denver.

Fruits of the vigorous partnership between the Society and affiliates are the scores of imaginative local programs that bring a fresh awareness of the need to prevent blindness into cities and towns. This creative exchange of ideas is honored each year by the Affiliate-of-the-Year Awards. We congratulate the winners which are: Texas, for its eye-catching rally, 'Eye Protest Blindness' (public relations); Wisconsin, for its three-day contest, "Sight Saving Racquetball Tournament" (fund raising), and Washington, for its statewide school vision screening survey, 'Operation Look Before Leaping' (program). We are indebted to our panel of judges, Marian V. Hamburg, Ph.D., Professor and Chairperson, Department of Health Education, New York University; Philip W. Callanan, Senior Vice President and Manager of Human Resources, Hill and Knowlton, Inc.,



and John R. Miltner, Director of Development, Memorial Sloan-Kettering Cancer Center, New York City.

This year the Society gained a new president, Frank W. Newell, M.D., editor-in-chief of the American Journal of Ophthalmology and professor of ophthalmology at the University of Chicago. A long-time friend and valuable counsel to the Society, Dr. Newell has served as a Board member for over 30 years. For most of these years he also contributed his special insights

by serving as chairman of the Committee on Basic and Clinical Research.

Our deepest thanks are owed Thomas R. Moore, Esq., our past president and new chairman of the Board. In fitting tribute to his many years of distinguished service, Mr. Moore this year was awarded the Mason Huntingdon Bigelow Award of the National Society, its highest honor.

On the eve of our 75th anniversary, my retirement will take place at the end of 1982. Thus this report is my last opportunity to thank the thousands of volunteers, health care professionals and members of the staff who have made possible our Society's distinctive record of service to the nation. To have prevented just one instance of blindness by our effort would have been a privilege; to have had the opportunity to prevent so many has been a joy.

Virginia S. Boyce

Targets for Tomorrow

The mission of the National Society is boldly stated: "To prevent blindness and preserve vision at its maximum." It offers wide scope for Society action because the causes of preventable blindness include scores of diseases, many unfamiliar to the general public, as well as safety hazards as ubiquitous as fireworks and reckless home handymen. To accomplish its broadly framed purpose, the Society annually undertakes a range of information

and prevention programs unmatched by any other private health organization.

In order to improve its ability to accomplish its mission, the Society this year introduced its first multi-year program plan. Presented in Dallas at a special conference of affiliate executive directors and program staff, the three-year plan is the distilla-

tion of many research projects and the unique insights and analysis of professional advisory committees. It opens new frontiers for communicating with the public and professionals, redefines the scope of community action programs, and sets new priorities for extending research into the causes and incidence of serious eye injuries in a variety of special environments. The new plan charts the 1982-85 fiscal period but some initial steps are already under way.



Key affiliate staff members meet in Dallas to get the word on priorities and goals.

The plan addresses three general areas that have crucial need for blindness prevention programs: Children's Eye Health, Adult Eye Health, and Eye Safety. It is based on the careful identification and characterization of public health problems in these areas. Measurable performance goals such as "By April 1985, train 7,500 school health personnel in vision screening, eye health and safety" are set for professional education, community service and operational research.

The plan also attaches priority status to three programs: school eye health, glaucoma, and occupational eye injury control. Glaucoma, for instance, is accorded priority both because it is the nation's leading cause of blindness and because the Society's advisory committee on this disease had identified a number of ways the nationwide NSPB Glaucoma Alert Program can set new achievement records. By implementing these and other strategies, the Society anticipates that many more Americans who are unaware they have glaucoma will be alerted to their symptoms.

It is hoped the new three-year program will help to inspire similar plan development in affiliates. It is intended to serve as a model so that affiliates may dovetail local programs with national goals and help to

create countrywide momentum for blindness prevention.

To stimulate program planning by affiliates, and to insure a national uniformity of planning systems, the Society has published an "Affiliate Program Planning Guide." In addition to introducing the fundamentals of planning — defining problems, development of goals, objectives and activities, determining resource requirements, and program evaluation — the new Guide offers to affiliates models

for effective Program Planning and Evaluation Committees.

Obviously, blindness prevention priorities differ from community to community, county to county, and state to state. But across the nation the Society and its affiliates are faced with new trends and increased demand for services. As Executive Director Virginia S. Boyce told the conference of affiliated executive directors and program planners "We cannot afford not to plan."



NSPB executive director Virginia S. Boyce charts our three-year course

Public Education

Almost every American is the target of one or more of the Society's public education programs. Tailoring these programs to specific audiences that number in the tens of millions poses a communications challenge. For instance, there are 95 million people in the U.S. at risk for glaucoma, the leading cause of blindness. To identify those who do not know they have this often symptomless disease, the Society must convince everyone over 35 years of age to undergo eye examinations.

To reach that target audience,

among others, the Society's education programs must be highly creative and capture media attention. In Washington and Texas, affiliates flew giant yellow "E" chart kites over Seattle and marched through the streets of San Antonio bearing placards for an "Eye Protest Blindness" rally to gain broad communications channels for their messages. In Denver, Halloween makeup became a media event when the Colorado affiliate offered to paint a "Disguise for Eyes" on any trick-or-treater, starting with the mayor (for the benefit of the local TV cameras). Local makeup artists populated the "mile-high city" with clowns, were-

wolves, and Raggedy Anns. The serious message behind all the rouge: Face paint is safer for kids than masks.

The Society depends on the media to cover these events and to carry information and warnings to audiences everywhere, and they do. In the past year, radio and TV stations alone contributed airtime worth well over \$4 million to bring our public service spots to the people. The media's continued cooperation is vital to our long-range plans for the future. In fact, it has already been an important component in launching the segment of our three-year program plan focused on diabetic retinopathy.



NSPB board member Steven Podos, MD, explains to NBC's Tom Brokaw and millions of Today Show viewers the test for glaucoma.

DIABETES AND THE EYE

Many of the nation's estimated 10 million diabetics are unaware that as a group they have 20 times the incidence of eye problems found in the general population. The most common eye disease they risk is diabetic retinopathy, identified as the leading cause of new cases of blindness today for people between the ages of 20 and 74. Addressing this problem is an important objective of the three-year program plan, since early diagnosis improves the chance of saving vision in many cases.

To help, actor Cliff Robertson donated his persuasive talents to Society TV public service announcements appealing to all diabetics to have regular medical eye checkups, even if they have no noticeable vision problems. All three TV networks and many of the nation's local stations contributed free airtime, blanketing the U.S. with the advisory to diabetics. The spots offer persons requesting more information a free Society pamphlet about the disease, and thousands have responded. Newspapers and magazines have extensively reprinted Society-prepared articles about diabetic retinopathy and new treatments for it. Thanks to the Society's partnership with the media, millions of Americans have been alerted to this threat to their sight.

GLAUCOMA ALERT

Glaucoma's incidence increases sharply with age, ranging from less than one percent in people under thirty-five to three percent in those over sixty-five. The Society has issued a wide range of films, TV and radio announcements, pamphlets, posters



Actor Cliff Robertson speaks out to TV viewers on diabetes-linked eye disease.

and scientific material for in-depth newspaper articles and interviews to combat this "sneak thief of sight."

- More than 10 million people have seen either the half-hour film or the five-minute version of "Seeing," with actress Helen Hayes urging older Americans to visit an eye doctor regularly to prevent unnecessary sight loss from glaucoma.
- The Society's TV spots in English and in Spanish, funded by Merck Sharp & Dohme, and its radio public service announcements have reached an audience approaching one billion.
- This year a Spanish version of the poster "Glaucoma — Don't Let It Rob You Blind" joins the list of Society publications translated for the benefit of non-English speakers in the U.S. population.



In San Antonio, demonstrators for the cause.

Public Education

continued

EYE SAFETY AND HEALTH: AN ON AND OFF THE JOB PROGRAM

Most people believe the workplace poses a greater potential for danger to the eyes than the home. Actually, 45 percent of injuries that cause visual impairment occur at home and 19 percent at work. Determined to lower this statistic, the Society is enlisting employers in a campaign that prompts workers to adopt industrial eye safety practices, such as wearing protective lenses, while working around their homes and during recreational activities.

A year-round calendar of eye health and safety topics is the centerpiece of this new program. In January, for example, the package focuses on "Dead Battery Dangers," warning that attempting to jump-start cars using cables incorrectly can cause dangerous explosions that shower blinding acid into eyes. Articles explaining correct procedures are provided for company publications, and "How to Jump-Start a Car Safely" stickers are available for employees to affix under their car hoods.

INJURIES IN THE WORKPLACE

Since 1917 when it published "Eye Hazards in Industrial Occupations," the Society has led the way in promoting eye safety in the workplace. The annual cost of eye injuries to industry exceeds \$300 million. Besides the economic drain, the toll in human suffering remains inestimable. Some 90 percent of all industrial eye injuries are avoidable; experts say they are actually the easiest injuries to prevent.

To assist industry in initiating or strengthening existing eye injury con-



New Jersey, here we come . . . with new eye health and safety campaign.

trol programs, the Society established a 17-member Committee on Occupational Eye Health and Safety. Made up of representatives of labor, the construction industry, manufacturing, medicine, insurance, and government, the Committee is charting a program to address industry's most pressing eye health and safety problems.

THE WORKER AND CONTACT LENSES

Since the use of contact lenses on the job can be dangerous in certain environments, the Society has released new guidelines for the millions of workers who wear them. The guidelines have been relayed to employers by the National Safety Council, and by industrial, trade, medical and professional publications.

CHILDREN'S VISION PROBLEMS

Experts say children learn more through their eyes than any other sense. Even minor loss of vision in childhood can affect schoolwork and may eventually bar a child from many professional opportunities. A Society priority is to make parents, children, teachers, and other professionals conscious that one out of four schoolchildren has a vision problem. Among preschoolers, the rate is one out of 20.

Preschoolers pose a unique challenge because they have no way of knowing how well they should see. Frequently, as in the case of lazy eye (amblyopia), they exhibit no obvious symptoms. If this condition is not discovered and treated before the age of six, sight may be lost forever.

As in Connecticut and New Jersey, for example, many affiliates have mounted public education campaigns around a "Little Miss (or Mr.) Prevent Blindness," a potential amblyopia victim discovered by one of their screening programs. These children are especially effective in getting the Society's message to the public during Sight-Saving Month. Each September the Society steps up vision screening and educational activities in order to increase public awareness of eye problems. Since the event coincides with the start of school, children's vision problems receive special, in-depth attention.

CURRICULUM AIDS

The Society produces a variety of teaching materials for children. Among the most popular are:

- "The Eyes Have It," a playful sing-along puppet film and teaching packet that combines entertainment and education for kindergarten through fourth grade.
- A multi-media educational kit, "The Magic of Sight," designed especially for grades five and six. Youngsters learn about vision hazards in school, sports, and around the home from a 13-minute cartoon filmstrip and from puzzles and quizzes included in the kit.
- For grades seven through 12, the award-winning film "Option to See" emphasizes the need for stringent safety practices in school industrial arts and science laboratory classes. Student quizzes and a guide and worksheet for instructors are included in the program.

To date some 300,000 school children have learned about eye health care and safety from these three NSPB curriculum aids. Circulating copies of the Society's teaching films, maintained by schools and media centers around the country, reach untold thousands more.

GIVE YOUR EYES A SPORTING CHANCE

Sports-related eye injuries are an unanticipated and unwelcome consequence of the physical fitness boom, and especially the recent popularity of racquet sports. From 1973 to 1981 the number of eye injuries from sports like squash and racquetball more than



Safety eyewear to fit the job.

doubled. New players total in the millions and most are unaware that potentially blinding injuries can be caused by fast-swinging racquets or balls traveling in the hundred mile per hour range.

Working to stem the casualties, the Society published "Eye Protection Recommendations for Racquet Sports Players" directed to coaches, sports organizations and others responsible for insuring sports safety. Professional sports magazines, safety publications and newspapers brought the recommendations to the attention of the general public. A new Society poster, urging the use of eye guards, was developed to hang courtside, in schools and in stores that retail sports equipment.

A number of affiliates have showcased the Society's safety message through sports events. Over 75,000 people saw the scoreboard at the University of Nebraska football game light up with a "Prevent Blindness" announcement. Wisconsin organized a three-day racquetball tournament which not only made players more aware of the dangers of the sport, but also reached the public statewide through media interviews.

TV and radio announcements by stars of field and court like Jerry Koosman and Earl Monroe spread the word far and wide that America's favorite sports—baseball, basketball, and football—can cause numerous eye injuries unless eye protection is worn.

Community Services

With the help of our 35,000 volunteers, two serious gaps in America's health care delivery system are being filled by nationwide Society community service programs — vision screening of preschoolers and detection of unsuspecting glaucoma victims.

To encourage and guide local health agencies, volunteer organizations, and corporate medical departments also to participate in education and detection programs, the Society has prepared a series of field-tested screening manuals. Armed with one, any responsible organization can operate an effective screening program that will conform to the highest professional standards.

ON THE ALERT FOR GLAUCOMA

"Glaucoma Detection for Business and Industry" provides occupational nurses and physicians with information on the disease and guidance in setting up a program. Since many employees depend on their work site medical departments for their health care, it is essential that these departments screen routinely for glaucoma. The guide is the Society's initial effort under its three-year plan to encourage in-plant glaucoma screening.

The "Glaucoma Alert Program Guide" was designed to enlist the help of voluntary, professional, service and labor organizations in setting up a nationwide network of glaucoma education and detection projects. It has been used as a training tool by hundreds of organizations from the Internal Revenue Service to Lions Clubs.

Society affiliates also conduct glaucoma screening campaigns. In Columbus, the Ohio affiliate held a free public forum and glaucoma screening in a centrally-located commercial building. A panel of three ophthalmologists and a pharmacist discussed the importance of early glaucoma detection and the latest advances in treatment. They were so effective that they were invited to appear on 15 city TV and radio shows. Over 300 attended the screening, and a potential audience numbering in the hundreds of thousands was alerted by the media support to the necessity for regular glaucoma checkups.

Neighboring Indiana screened its

Governor for the TV cameras and warned blacks about their special risk of the disease at a commercial fair, Black Expo.

Capitalizing on the Society's Pharmacy Glaucoma Alert Program, in which neighborhood drugstores participate as educational resources, Southern California took its vision van to 11 Medicine Shoppe pharmacies and screened crowds of local residents attracted by extensive media coverage.

CHILDREN'S VISION PROBLEMS

To increase the detection of vision problems in many children who probably would not otherwise have their



vision checked, the Society operates a two-pronged program: community vision screening and distribution of the Home Eye Test for Preschoolers.

Society trained volunteers conducted thousands of screenings for children in day care centers, nursery schools, Indian reservations, migrant worker and Head Start facilities. Seeking to stimulate additional volunteer projects and support them with the best available professional information, the Society published a "Children's Eye Health Guide." It explains who should be screened and when, how to screen, and how to handle the referral process.

One of the Society's most effective community programs, "Lazy Eye Alert," is a national festival of unusual events that attract attention to the importance of screening youngsters' vision. In Wisconsin, it all happened at the Milwaukee Zoo — two days of vision screening covered by radio, TV and newspapers. In Florida, Romper Room televised a series of programs on vision including a screening demonstration, an interview on the importance of early detection, and a showing of the Society's eye safety film for preschoolers through third grade. In Iowa, the Des Moines Banks served as distribution centers for the Society screening information.

The "Lazy Eye Alert" also reinforces the highly successful distribution program for the Home Eye Test. The Society and its affiliates send out nearly one million copies a year of the Test, designed to be given by parents or volunteers to one or scores of youngsters. Since its debut ten years ago, the Home Eye Test has been repro-



duced in Spanish, German, Chinese, Japanese and Arabic.

The "Home Eye Test Program Guide" is a handbook for local volunteer organizations interested in taking on a worthy project. It shows how to set up and publicize a Home Eye Test distribution program to blanket a community.

Although it is difficult to accumulate a complete national tally of persons screened for glaucoma and preschool vision problems, statistics received from affiliates and those independent volunteer organizations that do respond to Society requests for records, provide some indication of the momentum. Preschool vision screening projects administered by Society trained personnel tested some 300,500 youngsters and referred 14,700 for follow-up examinations. Texas, Kentucky and Indiana affiliates

lead the nation in numbers of preschool screenings performed.

Glaucoma screening totaled 135,300 persons tested by tonometry. Affiliates reporting the most glaucoma screenings were Wisconsin, Ohio, and Texas. Some 5,700 persons with abnormal symptoms were referred through these programs to eye physicians for further medical testing.

WISE OWLS AT WORK AND SCHOOL

A venerable and highly visible community service for schools and industry is the Society's Wise Owl Club of America, a national program that has promoted eye safety on the job and in school shops and labs and manual training courses for 34 years. Club members now total 73,000 workers and students. Since election to the Club only occurs after a person's protective eyewear has saved his or her sight in an accident, members remind their co-workers that safety eyewear prevents tragedies. This year, 3,000 new Wise Owls were enrolled.

Since its founding, this eye safety incentive program has saved industry many millions of dollars in compensation payments alone. But the actual savings to industry, according to experts, include such indirect costs as legal fees, judgments, work-stoppage time, and the cost of finding and training replacement workers.

The Wise Owl Club and the Society's industrial educational efforts have contributed substantially to reducing the human and financial cost of blinding accidents.

Professional Education

With the nation's foremost specialists in eye disease, safety and research analysis as advisors, the Society serves as a unique information resource for professionals. In turn, the cooperation of other health care professionals extends NSPB's ability to reach populations at risk.

That is why the Society has incorporated special components for colleagues into the program plan for diabetic retinopathy. To familiarize primary-care physicians and other health care professionals with the diagnosis and treatment of diabetic retinopathy, the Society has introduced three educational tools: a scientific exhibit; a color slide/tape presentation, "Diabetes and the Eye;" and a brochure. All were developed under the direction of Arnall Patz, M.D., Director of the Wilmer Ophthalmological Institute at Johns Hopkins University and Chairman of the NSPB Committee on Retinal Diseases. To facilitate patient referral, the Society published a listing of medical centers participating in clinical trials.

The Society is also working closely with the American Academy of Family Physicians. A session on diabetic retinopathy was featured in a course on office ophthalmology, accredited for continuing medical education, organized by the Society at the Academy's national meeting.

GLAUCOMA RECOMMENDATIONS

As an outcome of two recent NSPB National Conferences on Glaucoma Detection and Treatment, the Society's

Glaucoma Committee has set new professional education priorities:

- Encourage primary care physicians routinely to use both tonometry and ophthalmoscopy for glaucoma detection.
- Emphasize the role of the non-ophthalmologist physician in detection and management of glaucoma.
- Stress ophthalmoscope as a detection tool; set up regional programs to train physicians to use it and tonometry.
- Develop guidelines for referral.

These recommendations are especially significant since they formed the basis of the Society's glaucoma control program plan.

Some 4,000 specialists attended

the Glaucoma Symposium moderated by Thomas Hutchinson, M.D., Chairman of the NSPB Professional Education Committee, at the annual meeting of the American Academy of Ophthalmology. NSPB also co-sponsored with the Society of Shaffer Fellows the second annual Robert N. Shaffer Lecture — "Why Do Some People Go Blind from Glaucoma?" — given by Morton Grant, M.D., an internationally recognized authority on glaucoma research.

OPHTHALMIA NEONATORUM

The Society's recommendations for treatment of this disease were updated and widely distributed through state health departments, schools of nursing, and the press as well as by the Centers for Disease Control.



Visualizing the blood vessels of a diabetic eye patient.

Research

SIGHTSAVING

During the year the Society replaced its professional journal, the *Sightsaving Review*, published since 1931, with *Sightsaving*, a magazine designed to fill the diverse information needs of the many professional specialists involved in eye health. Some 10,000 professionals, government officials, science editors and volunteers will receive the new magazine, a substantial increase in readership.

AFFILIATE TRAINING PROGRAMS

Virginia, Mississippi and Northern California have published school eye safety manuals for school boards, administrators and personnel in their states.

New Jersey's school eye safety program was bolstered by a new videotape, "Eye Safety for Educators."

Northern California conducted a series of nurses training programs on children's vision problems, accredited for continuing education.

A workshop and slide presentation titled "Eye Care in the Workplace" was designed to reach Virginia's 700 occupational health nurses. Already 354 nurses have participated in 11 workshops.

The National Society to Prevent Blindness is the only source of data in the United States on the prevalence and incidence of blindness and its distribution by cause, age and sex. Relevant statistics in this report are from our comprehensive factbook, *Vision Problems in the U.S.* (1980 edition)

Infants born with cataracts have greatly enhanced prospects for regaining normal vision due to a special \$10,000 Society grant to establish the nation's first pediatric contact lens laboratory. The grant, part of the recently increased NSPB research funding, supports the laboratory at Emory University School of Medicine which is pioneering the investigation of soft, extended-wear contact lenses for young children and newborn infants.

Such long-wear lenses could fill a critically important need in pediatric ophthalmology — the preservation of normal vision for infants and young children surgically treated for congenital cataracts. The problem is that though pediatric cataract surgery, even on newborns, is feasible and appropriate, rehabilitation after surgery poses problems. Infants will lose their sight permanently unless fitted with an arti-

ficial lens to replace their diseased natural lens that surgery removed. J. Allen Gammon, M.D., a specialist in both pediatrics and ophthalmology, will conduct patient trials of the new type lenses and experiments into their manufacture.

The Society's grant program is intended to provide seed money for innovative research, especially proposals by young investigators. This year the maximum grant offered has been doubled to \$10,000, and applications have increased substantially. Some noteworthy findings by Society-sponsored researchers over the years include: the first linkage of retrobulbar fibroplasia, at the time the leading cause of blindness in young children, to high levels of oxygen given to premature infants; and a televised mass screening test with the potential to alert millions of Americans to possible eye problems.



Contact lenses tested for infant cataract patients.

Research

continued

Research Grants Awarded

NEW GRANTS

"Noninvasive Measurement of Retinal Hypoxia," investigator John I. Loewenstein, M.D., Department of Ophthalmology, Massachusetts Lions Eye Research Laboratory, Boston University Medical Center, Boston.

"Neuroanatomy of the Human Visual Pathways," investigator Alfred A. Sadun, M.D., Ph.D., Senior Resident, Ophthalmology, Massachusetts Eye and Ear Infirmary, Eye Research Institute of Retina Foundation, Boston

"Immune Deviation Induced by Intracameral Herpes Antigen," investigator Judith A. Whittemore, Ph.D., Department of Cell Biology, University of Texas Health Science Center, Dallas

"Human Trabecular Cell Culture," investigator Anthony S. Hajek, M.D., Department of Ophthalmology, Bascom Palmer Eye Institute, University of Miami School of Medicine, Miami.

"Contact Lens Induced Corneal Neovascularization in Rabbits," investigator R. Michael Duffin, M.D., Jules Stein Eye Institute, UCLA Center for Health Sciences, Los Angeles

"The Prevention or Suppression of Neovascularization of the Iris," investigator Einar Stefansson, M.D., Department of Ophthalmology, Duke University Eye Center, Duke University Medical Center, Durham.

"Corneal Antigens: Utilization of Monoclonal Antibodies," investigator Noveen D. Das, Ph.D., Department of Ophthalmology, Division of Sponsored Research, University of Florida, Gainesville.

"Timolol Binding Sites in Rabbit Ciliary Processes," investigator Douglas S. Gregory, Ph.D., Department of Ophthalmology and Visual Science, Yale University School of Medicine, New Haven.

"Studies of Recurrent Ocular Toxoplasmosis in the Subhuman Primate," investigator Philip Ellis Newman, M.D., Francis I. Proctor Foundation for Research in Ophthalmology, University of California, San Francisco.

"Chemical Analysis of Neuroactive Peptides in Vertebrate Retina," investigator Robert A. Zalutsky, Department of Ophthalmology, Washington University, St. Louis.



"Immune Responses to Herpes Simplex: Viral Ocular Infection," investigator Richard P. Wetzig, M.D., Eye Research Institute, Retina Foundation, Boston

"Macular Evaluation With Laser Speckle," investigator Michael C. Barris, Ph.D., Adjunct Instructor in Ophthalmology, Department of Neurology, The Mount Sinai Medical Center, New York City

"Biological Evaluation of Plasma Activity in Ocular Hypertension and Open Angle Glaucoma," investigator George McCarthy, Ph.D., Department of Ophthalmology, New England Medical Center, Boston.

"Phagocytosis Associated Oxidative Metabolic Reactions in the Retinal Pigment Epithelium," investigator Craig E. Eldred, Ph.D., Department of Ophthalmology, University of Missouri School of Medicine, Columbia

"Central Connections of the Edinger-Westphal Nucleus Relating to Pupillary Control," investigator Lenore A. Breen, M.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis

"Wide Field Specular Microscopy," investigator Calvin W. Roberts, M.D., Eye Research Institute of Retina Foundation, Massachusetts Eye and Ear Infirmary, Boston.

"Focused Ultrasound Therapy of Anterior Segment Disease," investigator David Mark, M.D., Department of Ophthalmology, Harvard Medical School, Massachusetts Eye and Ear Infirmary, Boston.



"Trace Elements in Retinal and Choroidal Tissues," investigator Barbara J. Panessa-Warren, Ph.D., The Research Foundation for SUNY and SUNY at Stony Brook, Albany



"Membrane Lipid Physical Properties in Normal and Cataractous Lenses," investigator David A. Rintoul, Ph.D., Division of Biology, Kansas State University, Manhattan



"The Role of Collagen in Normal and Abnormal Ocular Tissue," investigator Edward J. Galbavy, M.D., Ph.D., Department of Fine Structure, Boston Biomedical Research Institute, Boston.

"Blood Toxicity to the Retina: Analysis of Vitrectomy Biopsies," investigator Martin Ehrenberg, M.D., Duke University Eye Center, Durham

"The Effect of Gangliosides on Optic Nerve Regeneration," investigator Gregory B. Krohel, M.D., Assistant Professor, Department of Ophthalmology and Neurology, Albany Medical College, Albany

RENEWALS

"Axonal Transport in Cat Eyes With Experimental Glaucoma," investigator Ronald L. Radius, M.D., Eye Institute, Medical College of Wisconsin, Milwaukee

"Spatial Contrast Sensitivity in Macular Disorder," investigator Sunanda Mitra, Ph.D., Research Associate, Department of Ophthalmology and Visual Sciences, Texas Tech University Health Sciences Center, Lubbock

"Prostacyclin and Aspirin in the Treatment of Diabetes Mellitus," investigator Henry J. Kaplan, M.D., Associate Professor of Ophthalmology, Emory University-Section of Ophthalmology Atlanta

Combined Balance Sheet

March 31, 1982
with comparative figures for 1981

ASSETS	1982	1981
Cash (includes savings — 1982, \$33,052; 1981, \$143,006)	\$ 415,528	426,196
Short-term investments, at cost (approximates market)	5,029,732	3,321,065
Investments in long-term bonds and stocks (market value — 1982, \$2,803,548 1981, \$2,574,152)	2,935,508	2,593,478
Land, building and equipment, net of accumulated depreciation (note 2)	924,170	849,812
Other assets	216,476	261,128
	<u>\$9,521,414</u>	<u>7,451,679</u>

LIABILITIES AND FUND BALANCES	1982	1981
Accounts payable and accrued expenses	318,805	134,019
Accrued vacation and severance pay	197,429	173,419
Total liabilities	<u>516,234</u>	<u>307,438</u>
Fund balances:		
Current funds:		
Unrestricted		
Designated by the Board of Directors for		
Special purposes	1,938,634	1,148,687
Funds functioning as endowment	11,055	11,055
Undesignated, available for general activities	<u>4,008,837</u>	<u>2,894,866</u>
Total current unrestricted fund balances	5,958,526	4,054,608
Restricted	791,142	894,673
Endowment funds	1,357,827	1,345,148
Net investment in land, building and equipment	897,685	849,812
Total fund balances	<u>9,005,180</u>	<u>7,144,241</u>
	<u>\$9,521,414</u>	<u>7,451,679</u>

See accompanying notes to combined financial statements

The Board of Directors
National Society to Prevent Blindness

We have examined the combined balance sheet of National Society to Prevent Blindness and affiliates as of March 31, 1982 and the related combined statements of support, revenue, and expenses and changes in fund balances and of functional expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We did not examine the financial statements of certain affiliates, which statements reflect total assets constituting 40% and public support and revenue constituting 36% of the related combined totals. These statements were examined by other auditors whose reports thereon have been furnished to us and our opinion expressed herein, insofar as it relates to amounts included for these affiliates, is based solely upon the reports of the other auditors.

In our opinion, based upon our examination and the reports of other auditors, the aforementioned combined financial statements present fairly the financial position of National Society to Prevent Blindness and affiliates at March 31, 1982 and the results of their operations and changes in fund balances for the year then ended in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

PEAT, MARWICK, MITCHELL & CO

New York, NY
July 16, 1982

Combined Statement of Support, Revenue, and Expenses and Changes in Fund Balances

Year ended March 31, 1982
with comparative totals for 1981

	Current Funds		Endowment funds	Land, building and equipment fund	Total All Funds	
	Unrestricted	Restricted			1982	1981
Public support and revenue						
Public support						
Received directly:						
Contributions	\$ 2,516,563	556,145	—	20,306	3,093,014	2,860,730
Legacies	1,807,997	45,608	12,679	—	1,866,284	1,264,576
Special events (net of direct costs of \$205,815 in 1982 and \$247,429 in 1981)	1,126,575	—	—	—	1,126,575	744,220
Received indirectly—						
combined service campaigns	382,293	—	—	—	382,293	383,370
Total public support	<u>5,833,428</u>	<u>601,753</u>	<u>12,679</u>	<u>20,306</u>	<u>6,468,166</u>	<u>5,252,896</u>
Fees and grants from governmental agencies	—	152,397	—	—	152,397	155,238
Other revenue						
Income from trusts held by others	177,589	3,132	—	—	180,721	194,539
Investment income	905,674	34,881	—	—	940,555	573,412
Program service revenue	136,657	3,933	—	—	140,590	198,761
Net gain (loss) on sale of investments	27,999	—	—	—	27,999	(31,517)
Net gain (loss) on sale of equipment	—	—	—	(3,069)	(3,069)	1,453
Total other revenue	<u>1,247,919</u>	<u>41,946</u>	<u>—</u>	<u>(3,069)</u>	<u>1,286,796</u>	<u>936,648</u>
Total public support and revenue	<u>7,081,347</u>	<u>796,096</u>	<u>12,679</u>	<u>17,237</u>	<u>7,907,359</u>	<u>6,344,782</u>
Expenses						
Program services:						
Research	252,661	180,760	—	2,225	435,646	268,193
Public health education	1,427,743	109,738	—	29,415	1,566,896	1,432,469
Professional education and training	993,702	24,861	—	3,316	1,021,879	878,765
Community services	894,473	408,510	—	39,647	1,342,630	1,208,690
Total program services	<u>3,568,579</u>	<u>723,869</u>	<u>—</u>	<u>74,603</u>	<u>4,367,051</u>	<u>3,788,117</u>
Supporting services:						
General and administrative	373,365	2,217	—	10,773	386,355	355,718
Fund raising	1,276,462	12,892	—	3,660	1,293,369	1,001,156
Total supporting services	<u>1,649,827</u>	<u>15,109</u>	<u>—</u>	<u>14,433</u>	<u>1,679,369</u>	<u>1,356,874</u>
Total expenses	<u>5,218,406</u>	<u>738,978</u>	<u>—</u>	<u>89,036</u>	<u>6,046,420</u>	<u>5,144,991</u>
Excess (deficiency) of public support and revenue over expenses	1,862,941	57,118	12,679	(71,799)		
Other changes in fund balances:						
Property and equipment acquisitions from current funds	(27,422)	(95,036)	—	122,458		
Reclassifications and other transfers	68,399	(65,613)	—	(2,768)		
Fund balances at beginning of year	<u>4,054,608</u>	<u>894,673</u>	<u>1,345,148</u>	<u>849,812</u>		
Fund balances at end of year	<u>\$ 5,958,526</u>	<u>791,142</u>	<u>1,357,827</u>	<u>897,685</u>		

See accompanying notes to combined financial statements

Combined Statement of Functional Expenses

Year ended March 31, 1982
with comparative totals for 1981

Line		Program Services				Total
		Research	Public health education	Professional education and training	Community services	
1	Salaries	\$ 150,481	668,366	593,843	719,537	2,132,227
2	Employee benefits	12,423	42,738	48,071	41,485	144,717
3	Payroll taxes	12,612	54,231	47,319	57,389	171,551
4	Total salaries and related expenses	175,516	765,335	689,233	818,411	2,448,495
5	Outside services	13,833	16,312	14,737	24,037	68,919
6	Awards and grants	184,625	3,656	2,152	60,297	250,730
7	Building occupancy	12,497	86,107	44,116	75,716	218,436
8	Telephone and telegraph	1,592	43,040	9,979	43,440	98,051
9	Office supplies	12,499	38,195	13,107	57,964	121,765
10	Office equipment maintenance	—	14,825	2,193	16,365	33,383
11	Printing and publications	2,345	289,629	15,832	23,600	331,406
12	Postage and shipping	2,658	90,921	16,931	34,504	145,014
13	Visual aids, films, etc	—	121,069	5,096	7,256	133,421
14	Travel and meetings	27,014	38,100	175,896	96,369	337,379
15	Professional fees	745	18,795	16,879	13,667	50,086
16	Purchase of mailing lists	—	1,119	221	923	2,263
17	Insurance	—	3,759	597	24,225	28,581
18	Other	97	7,596	11,594	7,166	26,453
19	Total expenses before depreciation	433,421	1,538,458	1,018,563	1,303,940	4,294,382
20	Depreciation of building and equipment	2,225	28,438	3,316	38,690	72,669
21	Total expenses	\$ 435,646	1,566,896	1,021,879	1,342,630	4,367,051

See accompanying notes to combined financial statements.

Notes to Combined Financial Statements

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Society and its affiliates are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been designated as organizations which are not private foundations.

The combined financial statements include the National Society to Prevent Blindness and its 26 affiliates. All material transactions and balances between the National Society and its affiliates have been eliminated.

The accompanying combined financial statements have been prepared in conformity with the industry audit guide entitled *Audits of Voluntary Health and Welfare Organizations* published by the American Institute of Certified Public Accountants. The significant accounting policies followed by the Society and its affiliates, which are set forth in the audit guide, are described below.

Accrual Basis

The combined financial statements have been prepared on the accrual basis of accounting, and accordingly reflect all significant receivables and payables, other liabilities and prepaid expenses.

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified, for accounting and reporting purposes, into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds and are in contrast with unrestricted funds, which include designated and undesignated funds and amounts invested in land, building and equipment, over which the Board of Directors retains full control to use in achieving any of the Society's purposes.

Endowment funds are subject to the restrictions of gift instruments requiring in perpetuity that the principal be invested and that the income only be utilized.

All gains and losses arising from the sale, collection, or other disposition of investments and other noncash assets are accounted for in the fund which owned such assets. Ordinary income derived from investments, receivables, and the like, is accounted for in the fund owning such assets, except for income derived from investments of endowment funds, which income is accounted for in the fund to which it is restricted or, if unrestricted, as revenue in the current unrestricted fund.

Supporting Services

Line	General and admin- istrative	Fund raising	Total	Total	
				1982	1981
1	205.848	314.824	520.673	2,652,900	2,340,614
2	9.808	16,544	26,352	171,069	155,692
3	15.750	28,233	43,983	215,534	180,953
4	231,407	359,601	591,008	3,039,503	2,677,259
5	21,744	136,036	157,780	226,699	179,521
6	411	1,157	1,568	252,298	142,319
7	17,342	30,757	48,099	266,535	236,473
8	3,416	11,441	14,857	112,908	94,198
9	6,455	36,380	42,835	164,600	120,426
10	16,067	12,480	28,547	61,930	50,646
11	2,420	345,812	348,232	679,638	572,633
12	3,764	225,493	229,257	374,271	302,279
13	460	2,232	2,692	136,113	103,720
14	7,053	38,804	45,857	383,236	375,175
15	32,683	5,336	38,019	88,105	77,867
16	8	62,691	62,699	64,962	49,466
17	12,521	829	13,350	41,931	56,730
18	17,897	20,305	38,202	64,655	38,556
19	373,648	1,289,354	1,663,002	5,957,384	5,077,268
20	12,707	3,660	16,367	89,036	67,723
21	386,355	1,293,014	1,679,369	6,046,420	5,144,991

See accompanying notes to combined financial statements.

All other unrestricted revenue is accounted for in the current unrestricted fund. Restricted gifts, grants and endowment income are accounted for in the appropriate restricted funds.

Investments

Investments are recorded at cost or fair value at date of receipt in the case of gifts or legacies.

Legacies and Trusts

The Society and its affiliates are the beneficiaries under various wills, the total realizable amount of which is not presently determinable. Such amounts are recorded when clear title is established and the proceeds are clearly measurable.

The Society and its affiliates are the income beneficiaries under various trusts, the principals of which are not controlled by the Society, and accordingly are not reflected in the accompanying combined financial statements. Distributions from these trusts are recorded as unrestricted revenue when received.

Other significant accounting policies are set forth in the financial statements and the following notes.

(2) LAND, BUILDING AND EQUIPMENT AND DEPRECIATION

Land, building and equipment are recorded at cost or fair value at date of receipt in the case of gifts or legacies. Depreciation of building and equipment is provided on a straight-line basis over the estimated useful lives of the assets. At March 31, 1982 and 1981, the recorded values of such assets were as follows:

	1982	1981
Land	\$ 115,402	115,402
Building	557,030	499,098
Equipment	638,195	546,925
	1,310,627	1,161,425
Less accumulated depreciation	386,457	311,613
	\$ 924,170	849,812

(3) PENSION PLANS

The Society has contributory annuity pension plans covering all employees including employees of the state affiliates who meet the minimum age requirement. Total pension expense under the plans was \$80,000 and \$75,000 for the years ended March 31, 1982 and 1981, respectively. There are no unfunded prior service costs.

(4) LEASE COMMITMENTS

The Society and its affiliates occupy certain operating facilities under various lease arrangements. Total building occupancy expense under such arrangements was \$266,535 and \$236,473 for the years ended March 31, 1982 and 1981, respectively.

A summary of noncancelable long-term lease commitments follows:

Year ending March 31	Amount
1983	\$ 131,875
1984	119,434
1985	105,975
1986	91,707
1987	73,705

All leases expire prior to 1988. Real estate taxes, electricity, water and maintenance expenses are obligations of the Society. It is expected that in the normal course of business, leases that expire will be renewed or replaced by leases on other properties; thus, it is anticipated that future minimum building occupancy costs will not be less than the amounts shown for 1982.

The National Society is supported entirely by contributions, memorial gifts, bequests and legacies. We gratefully acknowledge this support which makes the programs described in the Report possible.

Besides the thousands of individuals who donate so generously, the Society is supported by foundations, corporations, and other organizations which include:

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Bequests of all sizes have helped to make possible the sight-saving activities of the Society since its establishment in 1908.

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The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. You can assure the Society of continued financial support by using the following bequest form:

I give and bequeath to the National Society to Prevent Blindness, a corporation organized under the laws of the State of New York, the sum of \$ for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it are of course tax deductible. Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.



National Society to Prevent Blindness
79 Madison Avenue, New York, NY 10016

The annual report of the National Society to Prevent Blindness is on file with the New York Department of State, 162 Washington Avenue, Albany, NY 12231 or at our office

National Society to Prevent Blindness



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